

*Somerset Public Schools*  
*Somerset Berkley Regional School District*

580 Whetstone Hill Road  
Somerset MA 02726-3700  
Telephone: (508) 324-3100  
Fax: (508) 324-3104

Jeffrey Schoonover  
Superintendent of Schools

**CORI REQUEST FORM**

The Somerset Public Schools and Somerset Berkley Regional School District have been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee for the position of \_\_\_\_\_, *(if sub-contractor please include employer name and project here \_\_\_\_\_)* I understand that a criminal record check will be conducted for conviction, non-conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\*

\_\_\_\_\_  
Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\*

\_\_\_\_\_  
LAST NAME (REQUIRED)

\*

\_\_\_\_\_  
FIRST NAME (REQUIRED)

\_\_\_\_\_  
MIDDLE INITIAL SUFFIX

\*

\_\_\_\_\_  
DATE OF BIRTH (mmddyear)  
(REQUIRED)

\*

\_\_\_\_\_  
LAST SIX DIGITS SSN  
(REQUIRED)

#

\_\_\_\_\_  
ID Theft Index PIN (if applicable)

\_\_\_\_\_  
SEX

\_\_\_\_\_  
RACE

\_\_\_\_\_  
FATHER'S NAME (LAST)

\_\_\_\_\_  
(FIRST)

\_\_\_\_\_  
MOTHER'S NAME (LAST)

\_\_\_\_\_  
(FIRST)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

#The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.